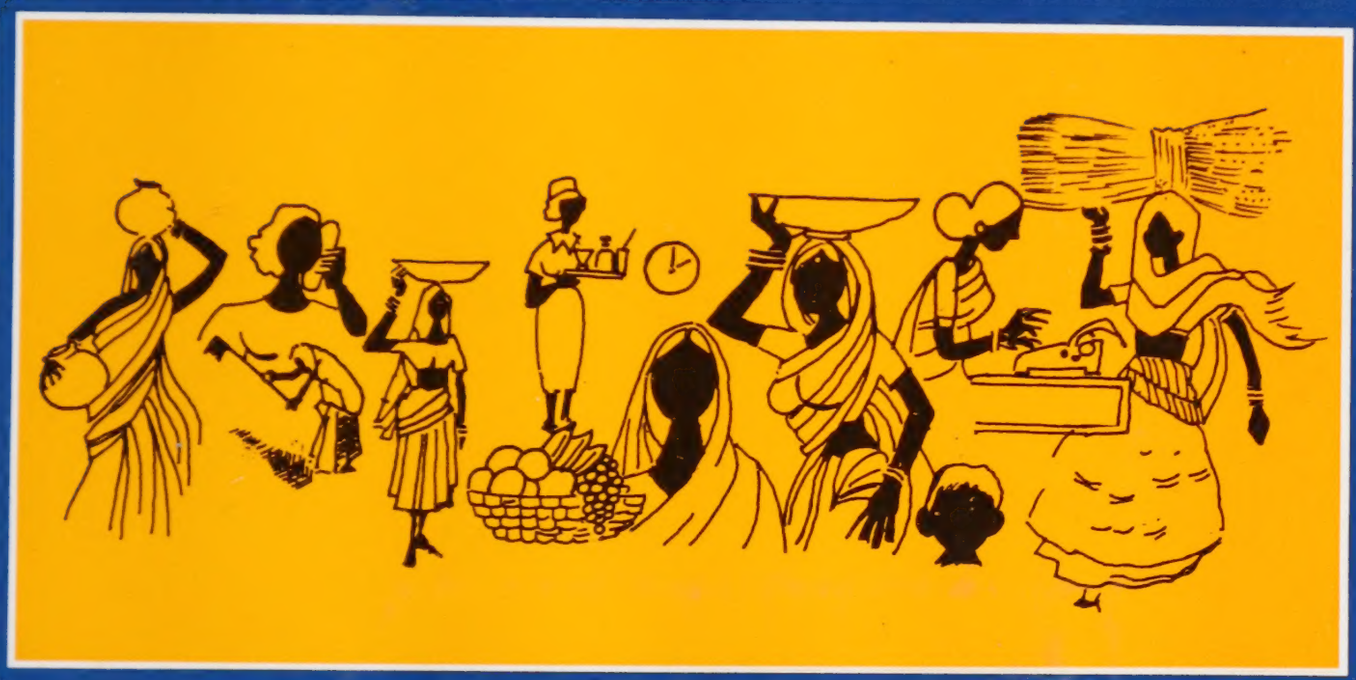
Workshop Report

Women's Occupational and Reproductive Health

research evidences and methodological issues



Lakshmi Lingam

Centre for Health Studies
Tata Institute of Social Sciences
Mumbai

International Labour Organization
New Delhi

Women's Occupational And Reproductive Health: Research Evidences And Methodological Issues

Report Of The Workshop

23-25 FEBRUARY, 1998
Tata Institute Of Social Sciences, Mumbai

Organised By Centre For Health Studies, TISS, Mumbai
And International Labour Organisation, New Delhi.

MAY 1999

PREFACE

The International Labour Organization (ILO) initiated a project titled "Training and Information Dissemination on Women Workers' Rights" (WWWR Project) in June 1997. As part of the educational activities of the project in India, an experience sharing workshop was organised between October 15-16, 1997 in Mumbai. The objective of this workshop was to share experiences and critical issues vis-à-vis women worker's in the unorganised and organised sector in Maharashtra and launch some of the projects' activities.

As a follow-up to this interaction, the Centre for Health Studies at the Tata Institute of Social Sciences (TISS), Mumbai approached the ILO in New Delhi to provide financial assistance for a workshop on occupational health and safety, as an agenda for in-depth research and discussion. This led to a collaborative process in February 1998 between TISS and the ILO Area Office, with the technical and organisational back-up support provided by the WWR Project.

I would like to thank Anjana Challani, Senior Programme Officer at the ILO Area Office in New Delhi for her support in this process and to Dr. Lakshmi Lingam of TISS for facilitating and conducting the workshop.

I hope that this workshop will be the beginning of much more in-depth work on this issue as an area for enhancing women's working lives both in the organized and the unorganised sectors in India.

Aanchal Kapur
National Coordinator
Training and Information Dissemination
on Women Workers' Rights – India Project
International Labour Organization, New Delhi
April 1999

ACKNOWLEDGEMENTS

This report attempts to put together the outcome of the workshop: 'Women's Occupational and Reproductive Health – Research Evidences and Methodological Issues', held from 23-25 February, 1998, at the Tata Institute os Social Sciences, Mumbai

The workshop received valuable inputs from young researchers, their supervisors, guides, NGOs, activist groups, media advocacy groups, medical doctors, representatives from Government bodies and funding agencies. The report contains summaries of papers, significant points that emerged during discussions on the issue and its methodology, and the debates that ensued during the workshop. It is hoped that this report will help carry forward the subject of this workshop.

I wish to acknowledge the support received from International Labour Organization, New Delhi Office and the Centre for Health Studies (CHS), Tata Institute of Social Sciences. Ms. Aanchal Kapoor, National Co-ordinator, Women Workers Rights Project actively supported the idea of the workshop. I also express my gratitude to Dr. L.P.Massun, ILO Representative in India for continued support and encouragement. The CHS Advisory Committee members, similarly, found the subject of the workshop important.

I am grateful to Dr. Chayya Datar, head Women's Studies Unit, the Women's Studies Unit Library staff Ms. Anita.S and Ms. Ramani for their support in organizing the workshop. Ms. Deepa Somasudaram transcribed the cassettes and typed the drafts of the report. Ms. Vinny Samuel had meticulously keyed in the final drafts. The art work on the cover page was done diligently by Mr. M.D.Sawant of the Unit for Media and Communications. Finally, I thank Esvee Graphics for undertaking the responsibility of printing this report.

Dr. Lakshmi Lingam,
Workshop Co-ordinator,
May 1999.

CONTENTS

BACKGROUND

Women play multiple roles, of which 'work' for wages / employment / income-earning is one among the most significant ones. It not only contributes to the augmentation of the household income (which in many cases is the sole income for the household), but it also determines, in a significant way, the status of women and their well being. For one, it also places women's health on a precarious balance. Studies have observed that, women's general health and well-being is often not a high priority for the family. This also pertains to women's own perceived need for health which is generally below the actual need. The large majority of Indian women who work in the informal sector face several health problems emanating from the workplace and their domestic situation. They are engaged in monotonous, repetitive, back-breaking tasks, either as casual workers in the public sphere or as home based producers in the private sphere.

A comprehensive attempt to take stock of the health hazards faced by these workers was made by the Task Force on Health commissioned by the National Commission on Self-employed Women and Women in the Informal Sector (*Report of the Task Force on Health*, 1988). The observations and recommendations made by the Task Force found place in *Shramshakti*, the final report of the Commission (Government of India, 1988).

The specific occupational health enlisted by the Task Force on Health are:

1. The posture at work, particularly of home-based workers, such as *beedi* workers, *zardozi, zari* and *chikan* workers, lace makers, gunny-bag stitchers, carpet makers and *tagai* workers, who have to bend, crouch, stoop and strain their eyes.
2. The constant contact with hazardous materials like dyes, wood-smoke, cashew oil, chemical fumes, tobacco and silica dust.
3. The lack of light, toilets, water, ventilation, space and related work environment problems.
4. Problems related to women's work actions, like tying, stitching, lifting and bending.
5. Problems related to lifting weight, especially in construction and brick work, which give rise to health problems like menstrual disorders, prolapse of the uterus, miscarriages and problems.

6. Due to long hours of work and the non-availability of rest in order to recover from health impairments, most serious health problems get aggravated.
7. The repetitious movements the work involves causes dullness of the mind, extreme fatigue and *tenosynovitis.*
8. Mechanisation and technological advancement has qualitatively and quantitatively worsened the health situation of women workers in the *beedi*, slate and mining industries.
9. The varying forms of sexual exploitation experienced by women workers in the informal sector affect their mental health.

Violation and non-implementation of several protective legislations and provisions that exist within the Factories Act, Mines Act, Inter-state Migrants Act and so on[1], have been unwaveringly documented in the *'Shramshakti'* report. Several recommendations to alleviate the situation of women workers in the informal sector given by this decade old report however, still require sustained advocacy.

Since the beginning of this decade, the implementation of these protective legal provisions has suffered serious setbacks largely as a result of changes in the macro-level economic scenario. The New Economic Policy with its emphasis on small scale production, production for export and labour flexibility has heralded a steady shift from large scale production to small scale production, from traditional industries to 'sunrise' industries - fish prawn processing, electronic, garment, diamond cutting and the like. The existing legal provisions are oriented to large-scale production, while the organisation of production in the new economic scenario is spread out into small units. The scale and organisation of production is making the employer-employee relationship increasingly distant and many times invisible. There is a growing 'informalisation' of the economy. Women in the lower rungs of formal sector employment are increasingly being pushed to the informal sector to work as piece-rate, home-based workers, as part of the 'putting-out' system; or in small work units as casual workers. Simultaneously, the onus of providing for health care is steadily shifting from the State to the household. Studies indicate that per capita expenditure on health by the household is higher than that incurred by the State.

---

[1] These address women worker's needs such as maternity leave, crèche facilities, breast feeding breaks, toilets, rest rooms etc.

The hazards that emanate at the workplace, coupled with poor living conditions, low access to food, discriminatory treatment, multiple pregnancies and domestic violence at the household have implications on the physical and mental health of women.

The few available studies on working women's health point to - higher anaemia among working women, longer duration of ill health of children of working women, decline in the duration of exclusive breast-feeding and early introduction of bottle feeding. These problems indicate the clear lack of support for child care and social support/ security to working women. Chronic illnesses, occupational health hazards and gynaecological morbidities experienced by working women are not appropriately addressed either by the public or private health care sector. The *Shramshakti* document also recorded occupation induced reproductive hazards among women workers.

A reproductive hazard is any substance or condition that can damage the male or female reproductive system or a developing foetus. Reproductive outcomes associated with workplace exposures include menstrual disorders, chromosomal and gene defects, abortions, cancers, malformations, behavioural disorders, low birth weight of babies, infertility and premature menopause. Systematic studies that examine workplace hazards and link them to reproductive health outcomes are rare.

The National Health Policy and Programmes in the case of women are oriented to maternal, reproductive and child health related issues. The Reproductive and Child Health Programme, as its name indicates, is limited to reproductive and sexual health in policy, and to family planning components in implementation. Work-related health, mental health and health that does not pertain to reproduction, is completely left out from this programme. There is an emergent need to broaden the understanding of women's health beyond maternal and reproductive health, to one that addresses health problems/ needs emerging from their multiple roles and low status.

An attempt to broaden this understanding at one level and draw the links between occupational hazards and reproductive health on the other, were made through a workshop on 'Women's Occupational and Reproductive Health: Research Evidences and Methodologies'. This workshop was organised by the Centre for Health Studies, Tata Institute of Social Sciences (TISS), Mumbai, with support from the International Labour Organisation, New Delhi, February 23-25, 1998.

BROAD CONCERN OF THE WORKSHOP

This workshop heralds a significant step towards striving for an integrated approach to work and health, that places gender as an important marker for analysis. The need for such a step emerges from identifying lacunae in the following four domains:

(i) *Occupational health domain*: The over-arching framework in the field of 'occupational health and safety' permits the understanding of health at the workplace in a uni-linear 'cause and effect' relationship of work and the impact on health in terms of accidents, injuries, vision and hearing impairment, etc. The 'worker' in this framework, is always invariably understood as 'male'. Moreover the focus on occupational health and safety issues has been limited to the organised/ formal sector. The approach of scientific organisations dealing with occupational health, in general, is to protect workers, mitigate hazards and improve efficiency. The approach of trade unions on the other hand, has been limited to seeking financial incentives for workers who undertake hazardous work.

- **Concerns of women workers, their work and health issues have remained marginal to this framework.**

(ii) *Women and work domain*: Research on women and work issues, over the last two decades highlighted the fact that:

(a) women's work in the non-monetary sector is not recognised and therefore undermined;

(b) definitional problems of 'work' and 'worker' exist in Census enumeration, which further contribute to the invisibility of women's work. A large percentage of women in the unorganised sector are enumerated as 'marginal' or 'subsidiary' workers. Their status of employment is 'self-employment' and/or 'casual', which implies no tenured service and/ or regular salary;

(c) women's low status, in terms of education, skill training, access to resources and mobility create pre-conditions for women to seek low wage, insecure, unskilled and drudgery-ridden static work opportunities. This kind of work in turn, reinforces their low status.

- **Women play multiple roles, which create an extraordinary burden on them. However, the links between the multiple work roles, low social status and health is inadequately examined.**

(iii) *Policy and programme domain*: The health policy and programmes in India over the years have always approached women's health as located within the framework of maternal health and family planning. The recent Reproductive and Child Health Programme of the Government of India, spells out the package as constituting elements of Child Survival and Safe Motherhood, safe abortions, adolescent sexuality, identification and referral of reproductive tract infections and sexually transmitted diseases.

- **The aspects of the programme though important, are nevertheless, inadequate to address women's health that is impacted by occupation, living conditions, violence and culture**.

(iv) *Research domain:* Research in the area of occupational hazards and health or reproductive health is relatively recent. Therefore methodological issues in social science research acquire significance for the following reasons:

a) The political economy of the work setting and the location of women within it as cheap and expendable labour;
b) The difficulty in drawing links between work and health because several reproductive outcomes are labelled as due to medical reasons or wastage in the normal population;
c) Women's perception of health; and
d) The difficulty in detecting long term implications to health in the absence of longitudinal panel data.

- **Given the complexity of the context, it is important to examine research studies and evidences and learn lessons emerging from research experiences.**

SPECIFIC OBJECTIVES

Recognising the need for an integrated perspective the workshop set out the following objectives:

- To bring together researchers working in the area of women's work and reproductive health, to share evidences and experiences from research and action;

- To identify gaps in research and address methodological dilemmas and elaborate strategies required; and
- To prepare a workshop report documenting the research evidences, clarifying methodological issues, identifying areas for future research and posing new queries, concerns and issues that can be taken forward.

PARTICIPANTS AND RESOURCE PERSONS

Resource persons who presented papers included those working on women's occupational health issues in leather, fish/prawn processing, *beedi* rolling, electronic industry, agriculture, sex work, rag picking sectors; representatives from hospitals and NGOs as well as activists working with informal sector workers.

The workshop brought together 50 participants including researchers, academics, activists, journalists, members of NGOs, funding agencies and policy implementers from Government bodies working on, or concerned with women's health issues. (See annexures for participants list, programme schedule and a bibliography).

INAUGURAL SESSION

Prof. P.N. Mukherji, Director of the Tata Institute of Social Sciences (TISS) and the Chairperson for the Centre for Health Studies (CHS) welcomed the participants. In his opening remarks, Prof. Mukherji, emphasised the importance of carrying out research in this area on a sound methodological footing, not only to broaden the understanding of women's health but to inform policy and action. He observed that in the period of globalisation, there is a steady shift of hazardous production processes to the Third World, particularly to the informal sector. This has implications on the health of workers in general, and women and children in particular. He pointed out that systematic research to highlight these issues is an emergent need.

Ms. Aanchal Kapur, the National Co-ordinator of the Women Worker's Rights Project of the International Labour Organization (ILO), New Delhi Office, welcomed the participants on behalf of ILO and explained that the workshop marked an important beginning of ILO's interest in occupational health and safety issues of women workers in India. This interest has been legitimised by ILO Conventions 155

and 161 which deal with occupational safety, health and working environment. She added that the gender dimension and the linkages of occupational hazards and reproductive health need to be explored in greater depth and hoped that this workshop would provide an opportunity for the same.

Dr. Lakshmi Lingam, the Programme Co-ordinator, of the workshop explained the rationale and objectives of the workshop. She pointed that the focus on women's health, purely as 'maternal health' had, over the years neglected the twin aspects that, women play multiple roles and health is an outcome of women's roles and status. While this perspective has received a clear place in the feminist understanding of women's health, corresponding empirical research to explore linkages of occupational and reproductive health have remained far behind. They are also confronted by methodological difficulties. Therefore, she clarified, the objectives of this workshop include not only the sharing of research evidences and action oriented efforts, but also the examining of methodologies.

Ms. Sujata Gothoskar, an activist and free-lance researcher based in Mumbai gave the introductory address. She depicted the un-changing working conditions of women workers over the last century by reading four extracts from news chronicles. She pointed that women perform multiple work roles, all of which have an effect on their health. There is a need, therefore, to broaden the definition of health. She listed out the health problems that women face in the organised and unorganised sectors as emerging from (i) posture at work; (ii) repetitiveness of work action; (iii) long hours of work; and (iv) contact of hazardous material and changes in technology. Women work in insecure, low paid jobs and face the stress of losing their work when restructuring takes place. Miscarriages, early deliveries, high rate of child death, lung diseases, back pain and other problems also emerge from the work place. Sexual harassment at the workplace is another less acknowledged aspect of women workers' lives.

Ms Gothoskar added that in the context of liberalisation, with an increasing trend towards women's employment in smaller groups, in smaller factories and at younger ages, it is important to examine the limitations of existing sectoral legislations. She felt that women should be recognised as 'workers' and entitled to maternity benefits, crèche facilities, old age pensions and the like, through a blanket policy that covers all sectors.

PAPER SUMMARIES AND DISCUSSION
UNORGANISED SECTOR

The presentations on case studies of unorganised sector workers, was spread into two sessions that were chaired by Ms. Sujata Gothoskar, Mumbai, and Prof. Padmini Swaminathan, Madras Institute for Development Studies (MIDS), Chennai.

Worker Consciousness and Health: A Case of Home-Based Beedi Workers of Tirunelveli District was presented by Meena Gopal, a research scholar from the Jawaharlal Nehru University, New Delhi

This paper attempted to explore the state of consciousness of women workers in a particular mode of work organisation - the home-based *beedi* (indigenous cigar rolled out of dry *tendu* leaves) industry and the impact of labour processes on the lives of women workers. Women *beedi* workers combine their traditional social roles as well as their *beedi* work within the confines of their homes. In fact, they inevitably depend on others for labour within their household especially girls or other women workers.

The *beedi* manufacturing companies possess the trademark to manufacture and sell *beedi*s and they, in turn, carry out production through contractors and sub-contractors. Though legality prevails in the organisation and the relations between workers and the industry, in reality informality exists in matters of recruitment and registration of workers, payment of wages and other benefits. Each worker remains isolated from other workers working within the confines of the home, thus remaining unable to collectively exercise their strength. Women's illiteracy and lack of knowledge of the outside world further compounds this. Women's unequal relationship to production processes, with some women working as passbook holders, some as joint workers, and some as piece-rate workers precludes them from perceiving any commonality of problems with other workers.

In employing women as workers, the *beedi* industry has tremendous advantages because primarily, the site of production is the worker's own home. Situated within the household, *beedi* work spills over into all the waking hours. Managing *beedi* work with household work thus becomes a tension filled routine where women are perpetually racing with time. It is this entry of *beedi* work into the homes with no

specified hours of work that allows employers to perpetuate the 'myth of *convenience*', of working within the household and the 'myth of *spare time* work'. Women workers have hardly any control over their labour process, which creates divisions among them, as women pass on the exploitative terms of work onto one another. In this manner, the *beedi* industry benefits, while the women workers are atomised and have no bargaining power.

Women's perception of themselves was one of dependence and lack of authority within the household and outside. However, these workers did observe the linkages between their health problems and the conditions of their work. They articulated the various losses that result from their *beedi* work, such as loss of sleep, lack of proper food, subsisting on coffee for most of the day, slow loss of health status being afflicted by aches and pains, loss of personal money in replacing poor quality raw material given at the shops which contribute to cuts in expenditure on health.

The symptoms reported by the women were classified into four symptom groups:

- **'Aches and pains'** related to *beedi* work which are essentially postural, since women sit with their backs bent for hours.
- **'Coughs'** which are related to their exposure to tobacco
- **'Giddiness'** which also includes breathlessness
- **'Stomach related pains'** such as stomach pains, cramps, gas and spasmodic pains leading to diarrhoea
- **'Others'** which include piles, burning sensation in the urinary tract, white discharge, joint pains and swelling, fevers, palpitation, wheezing and worrying/ tension.

Broad suggestions that followed this presentation point the need to:

- understand how the perceptions of work and health among women, translate into health seeking behaviour;
- collect information on reproductive health outcomes among these workers; &
- examine socio-economic variables like caste and class status of women, who subscribe to the notion of home-based work.

Unravelling the Process of Marginalisation: Women Workers in the Leather Tanning Industry of Dindigul was presented by Ms. Millie Nihila, a research scholar with the Madras Institute for Development Studies (MIDS), Chennai.

The author described the appalling nature and conditions of employment of women involved in the tanning operations of leather industries situated in Dindigul, Tamil Nadu. Through an assessment of the nature and quality of employment in the tanning industries, the paper highlighted gender subordination and inequalities that women face.

The leather industry has been designated as a hazardous industry under the Factory Act 1948, and has a mandatory requirement of formal approvals for expansion. It has been observed that formal units expand and set up illegal units, where the bulk of women workers, especially *dalit* women are found. Women are not documented as 'workers' on any official records. Therefore, they are not legally entitled to any compensations or benefits. These women are recruited through contractors and are engaged in all stages of the tanning process. Their tasks are time consuming, back-breaking and the most hazardous.

The present study and other studies indicate that, prolonged contact with chemicals used in the leather industry leads to problems such as dermatitis, loss of hair on the head, conjunctivitis, nervous disorder, itching of skin and throat mucous membrane, chest pain, ulcer, breathing problems, asthma, bronchitis, fissure in fingers, toes, mouth and nose, frequent fever, headache and stomach upsets. Specific gynaecological problems faced by women workers are: menstrual disorders; premature death, still births and prolapse of the uterus.

The discussion that followed this presentation attempted to grapple with methodological questions such as:

- *How does one arrive at conclusive evidences which point the relationship of occupations to reproductive health, in the absence of community based prevalence rates data for various reproductive health outcomes such as still birth, anaemia, abortions, prolapse of the uterus, menstrual disorders?*
- *How does one introduce a sampling technique in the absence of information of the estimates of workers and their distribution?*

Ms. Nihila shared the difficulty in adopting well designed sampling methods in such a context where the universe (total female workers) is not available, due to their illegal status. The insecurity of work opportunities and lack of unionisation constitute major reasons for their unwillingness to be interviewed. Further, the management of the industry, Government doctors and the medical community are not cooperative.

Broad suggestions that were made point to the need to:

a) examine women **workers' health as opposed to women's health in the community,** in order to make comparisons and identify the distinct health status of women workers,

b) examine **gender differences in health at the workplace and general health statistics of the region**, in order to make comparisons and generalisations,

c) undertake mapping of the **residential locations of the workers and household morbidity** listing to indicate the incidence rates of various morbidities in this region, as a background to compare the morbidity of the workers.

Migrant Women Workers in the Fish/ Prawn Processing Industries, New Mumbai, is a paper co-authored by Ms. Pauline Mathew, ex-TISS student and Dr. Lakshmi Lingam, Reader, Women's Studies Unit, TISS. The paper was presented by Dr. Lingam.

Fish/ prawn processing industries form a part of the export oriented 'sun-rise' industries. Women figure prominently in this work force. These industries, set up mostly in the coastal areas of the country, have a preference for single migrant girls from Kerala. Annually, several girls migrate from Kerala through contractors. Through various controls at the factory and the residence, women are disciplined and not allowed to unionise. Sexual harassment, abuse and exploitation are prevalent. Lack of unionisation, the indentured living conditions with strict controls and the language barrier enhance the exposure and vulnerability of migrant women workers to hazardous work and living conditions.

This paper described the organisation of production and living conditions, as well as instances of sexual exploitation faced by these workers. Women live either on the factory premises or in accommodations provided by the contractor outside the premises. Through a qualitative research study of 18 girls, focus group discussions with 90 girls and certain key informant interviews, data was generated.

The women generally work for long hours in a standing posture where temperatures are below freezing point. They experience frost bite in the hands and feet. Majority of the women working in the fish processing industry were found to be fairly young, generally in the early 20s and unmarried. Among the married women, more than half of them were either separated, deserted or widowed. Most of the young women had completed 12th class.

Skin ailments, anaemia, irregular menstruation, white discharge, urinary problems, cuts and wounds, body pain, backache, chest congestion, head aches, cold, flu, typhoid, pneumonia, arthritis and malaria are some of the health problems and ailments that were reported. The local doctors also mentioned the incidence of abortions and STDs among the migrant factory girls. While adequate data is not available, a shift of ex-factory women to ladies 'service bars' in the Navi Mumbai (New Mumbai) region has been observed.

The methodological issues elaborated in the study on *Women in the Tanning Industry, Tamil Nadu,* by Ms. Millie Nihila, hold good in the case of these workers as well. Estimates of the 'universe', a pre-requisite for sampling are difficult to make. Further, the violations of the Factory Act and the Inter-State Migrants Act, the informal arrangement of the worker-employer relations and, sexual undertones to the supervisor-worker relationship, increase the sensitivity of such research and affects the methodology.

It was observed that the experience of different forms of violence that migrant women workers encounter, would be missed if the focus is directed only to work related issues.

Women Agricultural Workers: Occupational Hazards and Management a presentation by Dr. Anjali Nag from the National Institute of Occupational Health (NIOH), Ahmedabad, highlighted the postures at work, instruments utilised and the resultant lowering of productivity and worker's health.

Acute chronic malnutrition and poverty conditions, according to Dr. Nag, leads to low working capacity and lower productivity. Research to develop intervention programmes to improve occupational health and safety and thereby productivity, attempts to enhance the design of tools, organisation of work and postures.

Women agricultural workers suffer from musco-skeletal problems due to their posture at work and the kind of implements they use. Inhalation and the ingestion of pesticides is also a hazard which has short and long term implications to health. It was also pointed out that tools and implements used by women are often designed keeping the male physical structure and stature as the norm.

She emphasised the importance of collaboration between research organisations, women workers and NGOs in this area. The NIOH and Self Employed Women's Association, Ahmedabad, are collaborating for developing prototypes and improving of women workers' awareness of hazards, health and safety.

The recommendations that emerged from the presentation are as follows:

(a) To collect scientific data regarding the physical work capacity of women workers,

(b) To modify traditional work methods and improve work organisation,

(c) To scientifically evaluate existing hand tools and machineries, and redesign the hand tools according to anthropometric parameters of women workers,

(d) To protect workers from agrochemicals, like pesticides and insecticides,

(e) To initiate research in general on the issues pertaining to women's work and pregnancy outcomes, with special reference to pregnancy, childbirth and lactation,

(f) To conduct collaborative studies with the objective of reducing the drudgery of the women workers especially in the unorganised sector.

The discussion that followed this presentation pointed out the need to:

- link agricultural work and housework that women perform, to examine the cumulative impact;
- examine the impact of mechanisation on women's health. Many male tasks are mechanised unlike female tasks which continue to be rendered manually. Mechanisation speeds up men's work and women have to work harder to keep up;
- pay attention to accidents and injuries in the agriculture sector;
- enquire into the health consequences of pesticide ingestion among workers;
- enquire into the linkage of work and pregnancy outcomes; and
- collect and present data on the age, caste and class of women workers, type of crops, season during which data was collected and locations covered, to get a clear picture of the background.

DEBATE:

A debate on the tenants of the 'productivity approach' that examines the technical aspects of work, as opposed to examining the structural inequalities in work organisation, ensued among the participants. It was felt that this approach undermines structural inequalities that workers, and especially women workers, experience. For instance, Green Revolution in India has supposedly increased agricultural productivity, however, it has increased class and gender inequalities as well. It was felt that occupational health cannot be ensured purely through technological solutions.

While the validity of this argument is beyond doubt, the participants felt that struggles for structural changes need to also be coupled with technological innovations, that alleviate drudgery and exposure to hazards. Similarly, the dissemination of knowledge that emerges from research about postures at work, etc., increases the awareness among workers, which has an empowering effect.

The debate highlighted the need for collaboration between individuals from social science and scientific disciplines, to enrich understanding and broaden perspectives on occupational health.

The paper titled ***The Health of Women and Female Children in Prostitution: some issues for consideration*** was presented by Ms. Jean D'Cunha, Sociologist, presently working and living in Bangkok.

The paper draws into focus, observations from India, other parts of South and Southeast Asia, as well as parts of Africa and USA, on the concerns of women and female children at the lower end of the sex-service sector/industry. The author locates the health and well-being (or lack of it) of women and female children in prostitution, within the contemporary socio-economic, political and cultural structures and processes, including the North-South dimensions of this phenomenon. Large scale production, separation of the workplace and the home, internationalisation of capital, international division of labour, urbanisation, commercial and large-scale spatial mobility of individuals, create conditions for organising sex outside the family. Thus, in the case of prostitution, the sexual aspects of reproductive labour is detached from its procreative adjunct and subject to a network of commercial relations. The controls over female sexuality, manifest in the sex industry through different forms of violence; in the prostitution laws which criminalise the women as sexual offenders and in the contemporary scenario the positioning of sex workers as transmitters of HIV/ AIDS.

The occupational hazards of women in prostitution are physical and psychological. Long hours of work, lack of rest, inadequate food, poor sanitation, and the sadism and violence make them vulnerable to several health problems. Physically, Indian women in prostitution often suffer from pulmonary tuberculosis, anaemia, hepatitis-B, Sexually Transmitted Diseases and gynaecological ailments like pelvic inflammatory diseases, leucorrhoea, cervical cancer and physical injuries. Infertility is said to be common because of the high incidence of Sexually Transmitted Diseases.

Among prostituted children, - cases of rectal fissures, lesions, poor sphincter control, lacerated and ruptured vaginas and uteruses, perforated anal and vaginal walls, lacerated and mutilated bodies, peritonitis, venereal disease, death by asphyxiation, chronic choking from gonorrhoeal tonsillitis, death resulting from sexual relations between these children and much older men come to light.

The psychological trauma of women in prostitution manifests itself in stress, depressions, hysteria, nightmares, insomnia, psychosis, schizophrenia, fear and revulsion to men and the sex act, distrust and suspicion of people, aggression, destructiveness and even suicide. Deaths due to pregnancy and traumatic labour have also been documented.

The paper generated lot of discussion on issues such as legalisation of prostitution; providing licence to sex workers; and HIV/ AIDS disease burden on sex workers and their children.

In terms of research method, in-depth interviews that capture women's 'lived' experience seem to be most suitable.

The paper titled ***Women Ragpickers and their Health*** by Ms. Chetana Pathare, ex-student of TISS and Dr. Lakshmi Lingam, was presented by the first author.

This paper is based on data collected from 40 women ragpickers which include 25 married, 5 unmarried, 5 widow, 4 deserted/separated and 1 divorced women. 10 children and male ragpickers were chosen to provide a general understanding of work situation, earnings etc. as compared to women ragpickers. Due to the time constraints of the Masters degree programme under which the study was conducted, the sample was limited to 50. The sample was selected purposively from four slum locations from Chembur and Deonar region of M ward, Mumbai, which are locations adjacent to the largest garbage dumping ground of Mumbai.

Majority of the rag picking women were found in the age group of 19 to 32 years, which is the active productive and reproductive age group. In this study, most of the women were from the lower caste groups. Ragpicking, by its very nature is a polluting task. Majority of the respondents were illiterate and also belong to lower castes. All of them were found to be living in slums with inadequate amenities. They collect water from public taps and use public toilets or open spaces. It was found that most of the

households have ration cards, but it was either pawned to buy grocery or to meet some exigency. Facilities like crèches to take care of children do not exist and they are left alone or under the care of older or younger family members.

Hazards at the workplace include accidents, injuries and illness related to the occupation. Women rag pickers complained of pain in the abdomen, pelvic region, waist, legs during menstruation and in the uterine region. They suffer from gynaecological problems like irregular bleeding which includes having heavy or scanty discharge of menstrual blood.

An attempt was made to examine the association of gynaecological problems faced by women due to the occupation of rag picking. Physical insecurities and the anxiety due to it often lead to psychological ill health. Besides, a feeling of helplessness and vulnerability paralyses women still further.

The work load, both inside and outside the home and multiple pregnancies, result in anaemia and malnutrition. Personal hygiene was neglected due to scarcity of water and other facilities. Also, the majority of the women were found to be habituated to chewing pan and roasted tobacco with calcium powder and this has long term implications on health. Though women can access urban health centres and government hospitals, they use it less due to unsuitable timings and negative experiences. These services are used only for treating a major injury or illness, otherwise mostly women use private services. The methodological issues such as the sample size, time frame and hesitation in generalisations about reproductive health, i.e., how much of the morbidity is due to marital status and living situation and how much is due to the occupation, have also been pointed out by the paper.

The discussions following the presentation focused on issues of organising the rag pickers. It was observed that the health of rag pickers is a neglected area even among organisations/ unions struggling for the rights of these workers.

This session was chaired by Mr. G. Vaidyanathan, Deputy Director General, Directorate, General Factory Advice Service and Labour Institutes, Mumbai. The Chairperson remarked that the opening up of the economy and the resultant shifts of hazardous work processes from developed to developing countries and from the organised to the unorganised sector makes it crucial to centre-stage occupational health aspects. With the spurt in activities in the home sector, known as 'home work', women and children are increasingly getting exposed to hazardous chemicals, materials and work operations. This is an area that requires research and sound policy guidelines.

The paper titled, ***The Health Status of Women Employees in the Electronic Corporation of India (ECIL), Hyderabad,*** was presented by Dr. M. Indira Devi and Ms. S. Vanaja Rani. This study attempted to identify the nature of health problems faced by the women employees of ECIL and the health, welfare measures and safety precautions introduced by the company. The sample consisted of 42 women respondents, representing different sub-divisions in the industry. The majority of them were literate, with technical qualifications, married, in the age group 40-49 years and belonging to forward castes.

The sample respondents cited many hazardous chemicals, which are used in their day-to-day work processes such as R.D.X. flux, G.A. flux, Britex flux, tin plate, Hydrogen peroxide, Carbon dioxide, HCl, Ammonium bifloride, Ammonium bicarbonate, Xylene, Trychloroethene and so on. Work with the soldering iron is common in any electronic work and results in burns if proper care is not taken. In addition, work with any nuclear source also results in exposure to radiation. Some of the respondents, who worked with the nuclear source testing reported that many of them had miscarriages.

Breathing difficulty, bronchial asthma, heart problems, and musculo-skeletal problems have also been reported. Among the older women, pre-menopausal depression and hysterectomy is higher.

Some safety and welfare measures are implemented by the company, however, the employees reported dissatisfaction and also indicated the lack of knowledge of hazards and health education. The Chairperson informed the group that ILO Convention on Occupational Safety, Health and Working Environment, Commission No. 155, mentions that workers should receive information on hazards and safety issues.

DEBATE:

This presentation generated a lot of discussion on safety standards in electronics and other industries, which are known for radiation. The issue of forbidding women from night work as stipulated in the Factories Act, was debated. The Act supposedly has these stipulations to protect women workers. However, it was observed that, these stipulations have negative implications to women's employment and promotion opportunities. Further the question was raised as to why do these protective stipulations pertain to women workers alone, while safety at the workplace should be a concern for male and female workers. In other words, reproductive health and general health are concerns of male workers as well.

With specific reference to the paper, it was observed that studies with small samples do not provide conclusive evidences on some of the reported hazards but, provide pointers for studies with larger samples.

The suggestions pointed

- the need to have a comparative sample of individuals, not working in the same industry and also to include men in the sample, to identify gender-specific impacts. There have been reports from other studies that exposure to toxic chemicals leads to infertility and reduced sperm count among men. Hence, gender specific impacts have to be examined.
- The need to link findings of the study to background variables, in order to compare with studies conducted in other work settings where the background variables are different.

The paper titled ***Working Women and their Nutritional Status*** was presented by Dr.Subbalakshmi. The author drew observations from various studies conducted on this issue.

The author observed that education is the most important criteria for improving nutritional status, as it is linked to the paid occupation of the mother. Women's education has a positive influence on the use of health services. The main advantage of women working is that the income comes home, as men spend most of their income on drinking, while women spend most of their income on food. There is no difference between the nutritional status of working women and a housewife as the woman waits for the children and the husband to eat first, and pays less attention to her own food intake.

Distribution of food is not done equally hence women do not get much nutrition. It has been found that working women have less body weight compared to women at home.

Housewives had more complaints than working women, in terms of backache, headache, acidity and diabetes. Working women reported more tension than non-working women. Amongst urban working women, pregnancy wastage is higher than 'non-working' rural and urban women.

The discussion after this presentation highlighted :

- the need to examine the results of this study with a clear focus on the background variables of the samples and also class variations among women. Working women and housewives are not homogeneous groups.

One of the key points that emerged from this presentation was that the nutritional status of working women who carry the major 'double' or 'triple' burden is largely a grey area, and requires further research.

A presentation by Dr. Maya Parihar - Malhotra, titled ***Health Hazards in the Hospital Setting,*** traced hospital based occupational hazards and its effects on the health personnel based on her years of experience in public and private health settings. Dr. Malhotra identified the different work situations in the hospital setting and the overt and covert hazards that emanate from there. She observed that, few studies on the effect of radiation and anaesthesia gases on growth retardation of foetuses exist. However, there is a clear need for well-designed research studies on various sections of health personnel in the hospital setting. While systematic documentation of episodes and health problems is non-existent there is a high probability of the following:

- Nurses contracting certain viral infections for instance, rubella, while working in an infectious disease hospital. Foetal deformities can occur if a nurse is exposed in the initial stages of pregnancy.
- Contracting Hepatitis-B and HIV, especially in the Casualty Department, where emergency cases are handled.
- Exposure to radiation in the X-ray laboratory; during orthopaedic surgery,
- Certain infertility investigations and thyroid investigations.
- Blood investigations in the blood bank – the most common being needle stick injuries of the lab personnel which could lead to transfer of virus from infected blood.
- The autopsy room where post mortems are conducted can also be a source of infectious diseases – bacterial / viral / fungal. The most risky virus (in terms of its sturdiness to survive longer) is the Hepatitis – B.
- Persons who undertake hospital waste disposal are at risk of contracting infections.

The risk of patients, pregnant women and neo-nates contracting infections from the health personnel is an area that is not well acknowledged and documented in India. Mandatory testing of the doctors and health personnel for various infections is important but is opposed since it is feared that it might lead to loss of employment. Universal protection through standardised procedures and safety devises is being introduced slowly and unevenly.

The discussion following the presentation touched upon the following issues:

- Non-compliance of medical fraternity to notify incidence of diseases related to occupations under the Factories Act, Mines Act, etc., to the Chief Inspector of Factories or the Medical Inspector of Factories. The Factories Act has 29 diseases in the third schedule, that are to be notified when detected.
- Non-enforcement of several safety measures – gloves, goggles, gowns, radiation badges and so on, universally and equally in the hospital setting.
- Lack of insurance cover for hospital workers against hospital acquired infection.
- The difficulty in establishing the source of infection, whether it is the workplace – hospital or due to the life style of the worker.
- Lack of baseline health data of workers even in the organised sector. Because pre-employment medical examination has not been made mandatory from the point of view of occupational disease. Section 87 of the Factories Act stipulates pre-employment medical examination only for certain dangerous occupations. Routine or regular medical examination is resisted by the workers due to fear of loss of employment.

The last day of the workshop was devoted to presentations on action oriented initiatives emerging from NGOs and activist groups. This session was chaired by Dr. Jamuna Ramakrishnan, Programme Officer, HIVOS, Bangalore. The brief outline of the presentations and proceedings are as follows:

Occupational Health of Women Workers in Unorganised Sector, the paper by Sunayana Walia, presents the field based experiences of Self Employed Women's Association (SEWA), Ahmedabad, that has identified the occupational hazards of women agricultural workers, salt workers, head loaders, readymade garment workers, construction workers, tobacco workers, cement bag dusters, agarbatti, dying and screen printing workers. SEWA, in collaboration with NIOH, is attempting to develop prototypes, implements and health education packages to mitigate the problems and improve the awareness among women workers.

Construction Workers and Experience of Nirman, the paper by Ms. Vaijayanta Anand, Faculty member, Nirmala Niketan, focussed on the following issues.

The building and construction industry is the second largest economic activity in India. Around 91% of the labour force falls within the unorganised sector and only 9% are from the organised sector. Of this, the construction industry absorbs the largest number of the unorganised labour force.

The various problems these construction workers face are non-payment of minimum and/ or equal wages; irregular employment; lack of welfare facilities such as crèche, canteen and medical aid. More significant in the absence of any social security measures. The construction workers as they are mostly migrant, are unorganised and exploited and therefore their health aspects are completely neglected.

Nirman, a project for migrant construction workers was initiated in 1986 by the College of Social Work. This was started as a field action project for all social work students. The objective of this project was

- ◊ to identify specific issues and mobilise workers to fight for their right,
- ◊ to develop different models of problem-solving interventions with construction workers,

- ◊ to create a network of supportive programmes involving various govt. and non-govt. organisations,
- ◊ network with various govt. and non-govt. agencies at the micro-level and macro-level to advocate for suitable policies and programmes,
- ◊ Create a strong database by conducting research,
- ◊ Organise special medical camps for women and children from the construction industry,

Attempts were made to create awareness of the local PHC 'Mobile Van' facility, to conduct malaria detection camps, to organise first-aid training programmes, malaria awareness and AIDS awareness.

Through the various health camps organised for workers in general, and women in particular, the author observed that many women suffer with gynaecological morbidities, uterus prolapse, backaches & infertility. In the discussion following this presentation, the issue of malaria in New Mumbai, especially among migrant construction workers, was raised. **It was suggested that malaria among construction workers should be viewed as an occupational hazard along with backache, uterus prolapse, miscarriages, accidents and so on.**

Dr. Geeta Mahajan, a trade unionist has narrated the ***case of Suja Abraham, a migrant woman worker from the fish prawn industry***. Suja was a nurse from Kerala. After her marriage and child birth, she was deserted by her husband and came to Mumbai with other contractual workers. She was promised a nursing job in Mumbai or in Arab countries but she was pushed into fish/ prawn processing work. She was working for Ravi Fisheries situated in Thane district. She was promised Rs. 1400, but she got only Rs. 100 or Rs.200.

Women are made to stay in the factory premises as bonded labourers. Under controversial circumstances she was paralysed and admitted in the ESIS hospital. It was said that she was either pushed off the factory terrace or she committed suicide. Activists struggled on her behalf to seek compensation for her family. People concerned were contacted for compensation for Suja as she was disabled.

There are many instances such as that of Suja. The High Court played an active role in this case. The court has ordered for an enquiry into the conditions of the workers in the fish/ prawn industry. Inspite of the efforts of these factories to prove the

contrary, the Enquiry Committee had made the following observations and recommendations:

The general residential living conditions desires much improvement. It is marked with overcrowding, poor sanitary conditions, inadequate ventilation, illumination, poor mess facilities, almost no provisions for beds, etc. So the overall perception of the existing living conditions is inhuman. When seen from the angle of spirit of law, all the workers did not come forward with the complaints, of forceful confinement, harassment, cruelty, etc. inside the factory. However, prima facie these workers were viewed as bonded labourers, particularly, because they live in the factory premises.

The Committee recommended separate residential facilities outside factory premises with proper amenities and security arrangements which should be provided by the factory. The rule of no residential accommodation, except for emergency maintenance staff inside the factory premises should be strictly enforced. Till such facilities are created outside the factory premises, the factory should not be allowed to operate. Regular vigil as regards enforcement of various related labour laws shall be kept and legal action shall be initiated in deserving cases. Habitual offenders should be directed to close down their units and action against offences under various acts after detailed examination of records shall be launched by concerned authority.

The discussion following this presentation delved on issues of:

- Violence and sexual exploitation of single migrant women workers who come to work in factories or with families as domestic maids and the need to create support structures and crisis centres for women to handle these violations;
- Ethics of research where findings of the study are not communicated to the activists working in the field who are starved for information to back up their advocacy work with State machinery. Rules in academic institutions occasionally restrict such free flow of information. This point particularly referred to the research by Ms. Pauline Mathew (paper presented in this workshop), which was completed in February, 1996. However the findings remained in the dissertation. In the absence of any known recorded source of information on fish/ prawn workers the court ordered for an enquiry. The findings by the Enquiry Committee in the case of Suja Abraham corroborate with the findings of Ms. Mathew.

Integrating Research on Occupational and Environmental Health into NGOs Work, Experience of (PRIA) Society for Participatory Research in Asia, the paper by Ms. Sumedha Sharma, reflected on the intervention strategies, using the methodology of participatory research in the field of occupational health.

The salient characteristics of the Participatory Research (PR) approach were elaborated by the author, as follows:

- Involvement of workers in the whole process. Role of workers as active subjects rather than passive objects.
- Research used as a tool for spreading information and at the same time empowering the workers to fight for their rights.
- Wider dimensions covered in the study which include the worker-employer relationship, economic and social exploitation of the workers, practical and feasible solutions to problems
- The information is not stored and is widely distributed in simple manner easily understood by the worker as well as the expert.
- Research is done not to satisfy any academic curiosity but to find out solutions to genuine needs as identified by the affected group.
- The study is not an end in itself, but a beginning for a struggle for one's rights.

The author elaborated the case studies of textile workers in Ahmedabad and cement workers in a factory in Orissa, where (PR) was utilised for documenting health and seeking compensation. PRIA, which is a non-governmental organisation based in New Delhi, had begun to address the occupational health issues of women workers over the past few years but realised that this area requires lot more sensitivity and conceptual clarity.

The presentation generated a lot of discussion and debate about:

- **Conventional research and participatory research:** It was felt that many researchers have significantly departed from the classical mode of research which objectifies workers. However, it was felt that privileging subjectivity would undermine advocacy efforts that require scientific documentation of worker's health. It was clarified that PR follows 'scientific' methodology but the worker is placed central to the entire process of research;
- The element of subjectivity in scientific research was discussed where safety limits set for exposure to hazardous chemicals and gases, vary in different countries. Similarly the level of damage to health assessed in monetary terms also is a domain where subjectivity is introduced in the interest of the employer.

Strategic Interventions in Occupational Health, Experience of (CHETNA), the paper by Dr. Smita Bajpai, attempted to present the linkages between women's work within and outside the home and its effect on their health and nutritional status.

CHETNA, a non-governmental organisation based in Ahmedabad recognises that, to improve women's health, the situation of women's work, both, at the household and the work place needs to be recognised and addressed, within the existing social, economic and political context.

Strategic interventions at CHETNA for women's health and nutrition include sensitisation, capacity building, developing of IEC material and networking with government and non-government organisations (NGOs). They also develop and disseminate educational and training material on women's work and its adverse effects on their health.

CHETNA proposes to pay large attention to research and interventions on women's work and their health. At the family level, it is important that an equitable distribution of labour (including child rearing and housework), is ensured together with value and recognition for women's productive and reproductive work.

Health professionals and development workers need to consider women's health in relation to the work they do, as well as health issues of women in different occupations.

Academic and research organisations need to focus their attention on the effect of various kinds of work on women's health and widely disseminate the findings.

At the policy level it is important to:

- Ensure, develop and formulate policies for better working conditions and income.
- Introduce and ensure implementation of comprehensive laws to regulate work hours for women in all sectors.
- Introduce and ensure implementation of health monitoring systems.
- Project domestic work as women's work in the national accounting system.

SUMMARY & CONCLUSIONS

The presentation and discussions in the three day workshop have raised several substantive academic and methodological issues. The presentations on organised and unorganised sector workers though have been structured separately, indicate the commonality in women's experiences of low priority to health, the cumulative impact of multiple roles on health and weak perception of observing the linkage of work related hazards and health.

Most of the papers emerged from the urban context and concentrated on income earning work. The impact of domestic roles on women's health was not adequately researched in these papers. In fact, it is the cumulative impact of domestic and income earning work that was examined.

In terms of methodology, the issues that were grappled pertain to sample size, duration of exposure to the work situation; the difficulty of identifying (in a clear cut manner), which aspects of women's health is due to the occupation/ work they are engaged in and which, as a result of their domestic roles and the living environment. Barring a few, most of the studies used quantitative methods. Women's perceptions, their concepts of health, ill-health have not been adequately captured. The vulnerability of women workers compounds their suspicion of the research process. This creates impediments to research and documentation. The salient points from research and methodology that emerged are presented here.

RESEARCH ISSUES

Notwithstanding the significance of research, (quantitative or qualitative), attention to health, and provision of health care services should be hinged on women's rights as citizens. Research strengthens our understanding in one or another direction. The collection of research evidences contributes to re-orienting or challenging the existing paradigms and frameworks. The domain of medical knowledge is a negotiated one. As Nietzche has put it – 'Knowledge works as a tool of power. Hence it is plain that it increases with every increase of power'. The salient points learnt from the workshop refer to the need to:

- move beyond the narrow confines of dealing with occupational health as work related and reproductive health as maternal role-related;
- develop research on women's and men's health which closely examines the socio-economic and living environment related issues with the occupations/work that they are engaged in;
- design gender-sensitive methods, measuring tools, indicators and surveillance of occupational health and safety;
- focus on physical and mental burdens caused by production processes, work conditions, wages, postures, lack of autonomy, mobility and bargaining power;
- denounce any attempts to increase exports, improve productivity at the cost of women workers health, safety, security, dignity and quality of life;
- identify areas of women's work which require close examination in terms of work environment, postures at work, nature of work etc., with the intent of recommending positive changes. However, the political economy of the organisation of work and the inherent inequalities should always be addressed;
- promote inter-disciplinary perspectives and teams to design research studies and arrive at a sound documentation of the linkages between women, work and health;
- involve the various actors such as trade unions, women workers, scientists, medical personnel, social scientists and feminists in designing research projects and protocols to enrich the experience and carry it forward pro-actively, in a holistic manner;

- denounce all forms of violence against women and children, and show the important linkage of changes in the economy and its impact on work and survival. This is important especially because the decline in work opportunities and means of survival has shifted the locale of work from the 'external' to the physical body; and
- ensure that protective legislations and technological innovations at the workplace, to improve work conditions, do not lead to loss of occupations and work opportunities.

METHODOLOGICAL ISSUES

Building linkages of occupational and reproductive health means entering into a number of methodological cobwebs, which require consistent research exercises, debate and reflection to unravel. The major methodology related points that were discussed and debated in the workshop are presented in a concise manner:

- The broadening of the definition of 'occupation' to include 'work' of all kinds, to translate into data collection to cover all aspects and locales of work.
- Given the 'sensitivity' of work situations where women are kept invisible, illegal, atomised and stigmatised, methods of data collection could focus on small samples, but document women's life experiences through oral histories, indepth interviews, case studies and detailed morbidity reporting.
- In the case of home-based workers or workers living in certain neighbourhoods, the studies on workers could precede with a base-line household morbidity study, for purposes of comparison of prevalence rates.
- Subjective experiences, perceptions, expressions of women's morbidity, known as – 'lay' labels have to be comprehended, through qualitative methods.
- Samples should necessarily constitute both men and women in order to examine the gender-based impact of work on health. The knowledge of the existence of structural factors such as class, caste, gender and religion/ ethnic differences, need to be in focus for purposes of arriving at the research design.

BIBLIOGRAPHY

- Agarwal, Anil .(1985). The Effect Of Wood Smoke On The Health Of Women, **Manushi**, No. 28, Pp.13-21.

- Akhouri, M.M.P., & Sinha, (1983). Health And Safety Of Agricultural Workers Handling Hazardous Chemicals. **National Labour Institute Bulletin**, New Delhi, July-December., Vol.IX, No.3 & 4.

- **Asian Women Workers Newsletter**.(1996). Occupational Hazards On Reproduction, Vol.15, No.3, July, Pp.6-8

- Bajpai, Asha.(1996). Women's Rights At The Workplace: Emerging Challenges And Legal Interventions, Paper Proceedings And Select Papers/ Presentations, (Ed). Asha Bajpai, TISS, February

- Batliwala, Srilata. (1983). Fields Of Rice-Health Hazards For Women And Unborn Children. **Manushi**. No. 46, Pp. 31-35.

- Batliwala, Srilatha (1984): Rural Energy Situation: Consequences For Women's Health, **Socialist Health Review**, Special Issue On Women & Health, Vol-1-No.2, July-September.

- Bhatt, Ela.R.(1995).Occupational Health Hazards Of Women Workers, Paper Presented For The Regional Consultation Of Action For Women's Health And Development , SERO, New Delhi, February, Pp. 21-24

- Bulletin -Occupational Health & Safety (1990) - A New Hope Or A False Promise?, **Society For Participatory Research In Asia (PRIA),** July-September

- Chatterjee, M. (1990). Indian Women: Their Health And Economic Productivity, World Bank Discussion Papers, No. 109, Washington, D.C.:World Bank

- Chatterjee, Mirai & Macwan, Jyoti (1988). Occupational Health Issues Of Self-Employed Women- Aggarbatti And Masala Workers Of Ahmedabad. Self-Employment Women's Assocation, Ahmedabad For Task Force On Health Of National Commission, Bombay.

- Chatterjee, Mirai.(1993). Occupational Health Of Self-Employed Women Workers, Health For The Millions, Vol. 1, February

- Chatterjee, Mirai .(1994). Occupational Health Of Self-Employed Women – Some Experiences, **FRCH Newsletter**, Vol. VIII, No. 1, January-February, Pp.6-9

- Chatterjee, Mirai. (1986).Occupational Health Of Self-Employed Women: Some Issues And Experiences.Shakti, Bombay, Paper Presented At The Workshop On Women, Health And Reproduction,December. 4-7, 1986. Bombay, Pp1-6.

- Choudhary, R (1997). The Utilisation Of Health Care Services By Working Women As Regards Their Reproductive Health Problems In The Organised Sector, Unpublished MHA Dissertation, Tata Institute Of Social Sciences, Mumbai.

- Deepti & Pushpa Mehta. (1984). Behind The Glitter-Zardozi Workers In Delhi. **Manushi,** New Delhi, No. 24, Pp.8-12.

- Department Of Science & Technology. (1983). Occupational And Environment Health Problems Of Indian Women. Department Of Science And Technology (DST), Government Of India, New Delhi.

- Dinesh, Mohan .(1989).Death By Burning: The Need For Safer Fabrics, **Manushi,** No. 54-55, Pp.19-21

- Dinesh, Mohan. (1990). The Hazardous Working Conditions Of Rural Women. **Manushi**, No. 59, July-August, Pp.25-28

- Gothoskar, Sujata .(1997). Women, Work & Health: An Interconnected Web – Case Of Drugs And Cosmetics Industries, **Economic & Political Weekly**. October, Pp 45-52

- Gothoskar, Sujata.(1999). Occupational Safety And Health - A Perspective On Women's Work And Health, **Women Workers' Right In India : Issues And Strategies**, (Ed.) Aanchal Kapur, ILO, New Delhi.

- Government Of India .(1988). Shram Shakti: Report Of The National Commission On Self-Employed Women And Women In The Informal Sector, Dept. Of Women & Child Development, New Delhi.

- Government Of India. (1983-1984). Occupational And Environmental Health Problems Of Indian Women. Department Of Science And Technology, Government Of India, New Delhi

- Government Of India.(1988).Occupational Health Issues Of Women In The Unorganised Sector. Report Of The Task Force On Health Prepared For

The National Commission On Self-Employed Women, The Department Of Women And Child Development, Ministry Of Human And Resource Development, February.

- Gowda, Y.S.Sidde. (1987). Women Workers In Agarbathi Industry – A Study, **The Indian Journal Of Social Work**, Vol. XLVIII, No. 3, October., Pp.247-253

- Gupta, J.L.(1976). The Problems Of Burns In Women, **Annals Of Indian Academy Of Medical Sciences**, Vol.12, No.4, Pp.260.

- Jejeebhoy, J. Shireen (1998) - Wife-Beating In Rural India: A Husband's Right?- Evidence From Survey Data, **Economic & Political Weekly**.

- Khan.M.E, Tamang.A.K, Bella.C.Patel .(1990). Work Pattern And Its Impact On Health And Nutrition, **The Journal Of Family Welfare**, Vol. XXXVI, No. 2, June, Pp3-22

- Lingam, Lakshmi .(1998). 'The Occupational Health Issues Of Women In The Informal Sector', **Understanding Women's Health Issues** – A Reader. (Ed). Lakshmi Lingam, Kali For Women, New Delhi.

- Madhiwalla, Neha & Jesani, Amar (1997) – Morbidity Among Women In Mumbai City – Impact Of Work & Environment, **Economic & Political Weekly**, October, Pp.38 – 44

- Menon, K.Bhate., & Et.Al. (1987). The Double Burden: Occupational Health Of Self Employed Women In Search Of Our Bodies. A Feminist View On Women's Health And Reproduction In India. Shakti, Bombay, June.

- Messing, Karen .(1988). Occupational Health And Women Workers, Philadelphia, Temple University Press.

- Morje, Anagha. (1983). A Study Of TB – Affect On Female Beedi Workers Of Ahmednagar City. Unpublished Dissertation. Tata Institute Of Social Sciences, Mumbai.

- Mathew, P (1996). A Study Of Migrant Women / Girls Working In The Fish/ Prawn Processing Industries, Unpublished MHA Dissertation, Tata Institute Of Social Sciences, Mumbai

- National Institute Of Occupational Health (NIOH). (1981). Occupational Health Problems Among Beedi Tobacco Processing Workers - A Preliminary Study. NIOH, Annual Report, 1980, Ahmedabad.

- Peoples Health Group.(1984). Hazards Of Agricultural Work -A Case Study From Punjab, **Socialist Health Review,** Special Issue On Work & Health. Vol 1No.3, December, Pp.126-129 & 140

- SEWA Survey .(1988). The Burning Falls To Our Share - Women In The Chilli Trade, **Manushi**, No. 47, July-August., Pp.31-34.

- Shatrugna, V, P.Vidyasagar & T.Sujatha .(1993). 'Women's Work And Reproductive Health' **Medico Friend Circle Bulletin**, August-December. Issue No. 197-201, Pp.1-4

- Shatrugna, V, Soundarajan, N, Sundaraiah, P & Raman, L. (1987). Back Pain In Women - It's Possible Relationship To Women's Work Prolonged Calcuim Deficiency And Osteoporosis. A Report Prepared For The Task Force On Health, National Commission On Self Employed Women, Ministry Of Human Resources And Development, December.

- Shiva, Mira. Women & Health "State Of India's Health Published Voluntary Health Association, India, New Delhi.

- Singh,A.M & Kelles-Viitanen,A.(1996). Health Hazards Of Working Women, **Maternal Mortality & Morbidity – Strategies For Change,** Pp.287-294

- Society For Participatory Research In Asia. (1987). Occupational Health And Safety. **SPRA Bulletin**, September, Pp.1-8.

- Swaminathan, Madura. (1984). Eight Hours A Day For Fuel Collection. **Manushi**, New Delhi, No. 21

- Swaminathan, Padmini .(1997). Work & Reproductive Health – A Hobson's Choice For Indian Women?, **Economic & Political Weekly**, October. Pp.53-61

- The Daily Hazard, London Hazard Centre Factsheet .(1993). Workplace Chemicals & Reproductive Health, No.40, September, Pp.3

- Watson, E. And Harriss, B.Health. (1985). Nutrition And Work: A Review Of Relationships Of Discrimination Against Women In South Asia, Discussion Paper No. 179, School Of Developmental Studies, University Of East Anglia

- WOHTRAC .(1998). Special Issue On Women And Occupational Health, Issue No. 5, July, Baroda.

- World Health Organization. (1986). Report Of Expert Committee On Occupational Health For Working Women. WHO. Geneva

ANNEXURE 1

LIST OF PARTICIPANTS

Ms. Vaijayanta Anand
`Nirman' Project
College of Social Work
Nirmala Niketan
38, New Marine Lines
Mumbai 400 020
Ph.(O): 2067345
2002615
Fax: 91-22-2014880
Gram: NIRMALSEVA

Ms. Smita Bajpai
CHETNA
Lilavatiben Lalbhai's Bungalow
Civil Camp Road, Shahibaug
Ahmedabad 380004.
Ph.(O): 7868856/6695/5636
Fax: 91-79-7866513
Em:Chetna@adinet.ernet.in
Gram: CHETNESS

Dr. Ramala Baxamusa
SNDT Women's University
Vithaldas Vidyavihar
Juhu Road, Santacruz (W)
Mumbai 400 049.
Ph: 6128462

Ms. Preeti Bhatt
Comet Media Foundation
Topiwala Lane School
Lamington Road
Mumbai 400 007.
Ph:
Fax: 3870901

Mr K.T. Chacko /Ms. Alphonsa
PATH
PATH Health Centre
C/H2/5, Cheeta Camp
Trombay
Mumbai 400 088.
Ph: 5555164

Dr. Jean D'Cunha
Asian Institute of Technology
Km.42, Paholyothin Highway
Klong Luang
Pathumthani 12120
Thailand.
Ph.(R): 766 0047/766 637
Em: ajrego@ait.ac.th
mayann@ait.ac.th
Fax: 66-2-524-6166
66-2-524-5360

Dr. Veena Deosthali
Faculty, Dept. of Economics
SNDT Women's University
Churchgate, Mumbai.
Ph.(O): 2031879 Ext. 243

Dr. Indira Devi/Ms Vanaja Rani
Department of Sociology
Andhra University
Visakhapatnam 530 003
Ph.(O): 54871 Ext. 311

Ms. Nancy Gaikwad
P 6/24/1:7
Sector 15, New Panvel.
Ph.: 7459212

Ms. Nandita Gandhi/N. Shah
Akshara
Neelambari, 501
Road No.86
Opp. Portuguese Church
Dadar (W), Mumbai.
Ph.: 430 9676
Fax: 431 9143
Em:admin@akshara.ilbom.ernet.in

Ms. Aparna George
PRERNA
Panvel, Raigad

Ms. Sonya Gill
27/43 Sagar Sangam
Bandra Reclamation, Bandra (W)
Mumbai 400 050.
Ph.(R): 6405829
Fax: 022-6405829

Ms. Bhagyashree Gokhale
Apnalaya
75, Bhulabhai Desai Road
Mumbai 400 026.
Ph: 4949752/ 4090150

Ms. Meena Gopal
Research Scholar
68 A (Opp. Canara Bank)
MUNIRKA
New Delhi-110067.
Ph.(R): (011) 6105246

Ms. Sujata Gothoskar
1347, 17B, MHB Colony
Tata Power Road, Borivli (E)
Mumbai 400 066
Ph (R): 8868329

Mr. Vijay Kanhere
1347, 17B, MHB Colony
Tata Power Road, Borivli (E)
Mumbai 400 066
Ph (R): 8868329

Ms. Aanchal Kapur
ILO, Theatre Court
3rd Floor
Indian Habitat Centre
Lodi Road
New Delhi 110 003.
Ph.(O):91-11-4602101-02
-03-06-07
Fax: 91-11-460 2111
Em:DELHI@ilodel.org.in
aanchal@ilodel.org.in

Dr. Malini Karkal
4, Dhake Colony
Andheri (West)
Mumbai 400 053.
Ph.(R): 636 0469

Dr. Murlidhar
L.T.M.G. Hospital & Medical College
Sion

Dr. Syed Unnisa,
International Institute for Population Sciences
Govandi Station Road,
Deonar
Mumbai-88

Dr. Geeta Mahajan
17A, Flat 44,
Brindavan Society,
Thane (W)
400 601.
Ph.: 5332755

Dr. Veena Muralidhar
Jn 2/42/B 7
Sector 9
Vashi 400 703.
Ph.(R): 7661908

Ms. Sandhya Srinivasan
Reporter

Ms. Neelima Naik
Programme Officer
SHRAMIK VIDYAPEETH
Transit Camp
Behind New Police Station
Dharavi, Mumbai 400 017.
Ph.(R): 407 7471

Mrs.A.D.Kori
Maharashtra Institute of
Labour Studies
Dadabhai Chamar Baugwala Road
Opp. K.E.M. Hospital , Parel
Mumbai 400 012.
Ph.(O): 413 5332/3035
Dir: 413 3798
Fax: 413 3035

Ms. Mani Mistry
CEHAT
519, Prabhu Darshan
S.S. Nagar, Amboli
Andheri (W)
Mumbai 400 058.
Ph.(O): 022-625 0363
Fax: 022-620 9203

Dr. Anjali Nag
NIOH,
(ICMR)
Meghani Nagar
Ahmedabad 380 016
Ph.(O): 79-786 6842
Ph.(R): 79-786 637
Fax: 79-786 6630
Grams: NIOHEALTH
Em:icmrnioh@ren.nic.in

Ms. Millie Nihila
Plot No.7, Kannan Nagar
Chromepet
Chennai 600 044.

Dr. Maya Parihar Malhotra
102 Menaka Apts.
Diamond Garden
Ghatla Road, Next to RBI Quarters
Chembur, Mumbai 400 071.
Ph (R): 556 5796

Ms. Chetana Pathare
5 A/8, 1st Floor
Vivek Nivas
Village Road
Bhandup (West)
Mumbai 400 078.
Ph.(R): 590 1432
Ph.(O): 761 9945

Ms. Jamuna Ramakrishnan
Programme Officer
HIVOS
Flat No. 402, Eden Park
No.20, Vittal Mallya Road,
Bangalore, 560 001.
Ph.(O): 80-227 0367
2210514
Fax: 080-2270367
Em:hivos@indiatap.tool.nl

Dr. Kannamma Raman
Dept. of Civics & Politics
University of Mumbai
Vidyanagari, Kalina
Mumbai 400 098.
Ph: 6113091

Dr. T.V. Ranga Rao
Director Medical
Directorate General Factory
Advice Service & Labour Inst.
Central Labour Institute Building
N.S. Mankikar Marg, Sion
Mumbai 400 022.
Ph.(O): 409 2203
Dir.: 91-22-407 4358
Fax: 91-22-407 1986
Em.:CLIBOM@X400.nicgw.nic.in

Dr. K Sasikala
WOHTRAC-WSRC
Former NCC Girls Building
Faculty of Home Science Campus
M.S. University of Baroda
Baroda 390 002.
Ph: (0265) 792106 (Telefax)

Ms. Sumedha Sharma
Society for Participatory
Research in Asia (PRIA)
42, Tuglakabad, Institutional Area
Mehrauli, Badarpur Road
New Delhi 110 062
Ph.: 698 1908/9559
Fax: 011-698 0183
Em: pria@da.tool.nl

Dr. Padmini Swaminathan
Madras Institute of Development
Studies
79, Second Main Road
Gandhi Nagar
Adyar
Chennai 600 020
Ph.: 411574/412589
419771/412295
Fax: 0091-44-4910872
Em:ssmids@ren.nic.in
Gram: INSDEV

Prof. G. Subbalakshmi
501, B Wing
Brahma Tower, RDPI Sector-2
Charkop, Kandivili (W)
Mumbai.

Ms. Sunayana Walia
Self Employed Women's Association
SEWA Reception Centre
Opp. Victoria Garden
Bhadra
Ahmedabad 380 001.
Ph.: 079-550 6477
550 6444
Fax: 079-550 6446
Em:sewa.mahila@axcess.net.in

Dr. G. Vaidyanathan
Deputy Director General
Directorate General Factory
Advice Service & Labour Inst.
Central Labour Institute Building
N.S. Mankikar Marg, Sion
Mumbai 400 022.
Ph.(O): 409 2203
Dir: 91-22-407 4358
Fax: 91-22-407 1986
Em.:CLIBOM@X400.nicgw.nic.in

TISS PARTICIPANTS

Dr. Lakshmi Lingam, Unit for Women's Studies

Dr. Leena Abraham, Unit for Research in the Sociology of Education

Dr. Amita Bhide, Dept. of Urban & Rural Community Development

Ms. Ramila Bisht, Dept. of Health Services Studies

Dr. Chhaya Datar, Head, Unit for Women's Studies

Ms. Brinelus D'Souza, Dept. of Medical Psychiatry & Social Work

Dr. V. Gowri, Dept. of Research Methodology

Dr. Surinder Jaswal, Dept. of Medical Psychiatry & Social Work

Ms. Shubada Maitra, Dept. of Medical Psychiatry & Social Work

Ms. Maveen S Pereira, Dept. of Urban & Rural Community Development

Dr. Sosamma Philips, Dept. of Health Service Studies

Dr. Vidya Rao, Head, Dept. of Social Welfare Administration

Prof. D. Saldanha, Unit for Research in the Sociology of Education

Dr. D.P. Singh, Dept. of Research Methodology

Ms. Gopika Solanki, Dept. of Family & Child Welfare

Ms. Mouleshri Vyas, Dept. of Urban & Rural Community Development

ANNEXURE 2

TISS - ILO WORKSHOP
WOMEN'S OCCUPATIONAL AND REPRODUCTIVE HEALTH: RESEARCH EVIDENCES AND METHODOLOGIES
23 - 25 February, 1998, Mumbai

Venue: Conference Hall, TISS

February 23rd

INAUGURAL SESSION
OPENING REMARKS
PROF. P.N. MUKHERJI , DIRECTOR, TISS

Women's Work and Health : ILO concern
Ms. Aanchal Kapur, National Co-ordinator
Women Workers' Rights Project, ILO, New Delhi.

Introduction to the Workshop theme
Dr. Lakshmi Lingam, TISS

Introductory Address
Women's Work and Health : Shram Shakti and Beyond
Ms. Sujata Gothoskar

UNORGANISED SECTOR WORKERS
MS. SUJATA GOTHOSKAR, CHAIRPERSON

Worker's Consciousness and Health: Beedi Workers in Tirunelveli
Ms. Meena Gopal, JNU

Women in the Tanning Industry, Tamil Nadu
Ms. Millie Nihila, MIDS

Migrant Women Workers in Fish and Prawn Processing Industries. Navi Mumbai
Ms. Pauline Mathew & Dr. Lakshmi Lingam, TISS

Women Agricultural Workers: Occupational Hazards and Management
Dr. Anjali Nag, NIOH

Chairperson's Remarks & Discussion

February 24th

ORGANISED SECTOR

***SRI. VAIDYANATHAN*, DIRECTOR, DEPUTY DIRECTOR GENERAL FACTORY ADVISOR SERVICES, & LABOUR INSTITUTES**
CHAIRPERSON

Health Status of Women Employees in ECIL
Dr. Indira Devi & Ms. Vanaja Rani, Andhra University

Working Women and their Nutritional Status
Prof. Subbalakshmi, Retd. Prof. SNDT University.

Health Hazards in the Hospital Setting
Dr. Maya Parihar Malhotra, Bombay Hospital.

Chairperson's Remarks & Discussion

UNORGANISED SECTOR WORKERS (CONTD...)

***DR. PADMINI SWAMINATHAN*, MIDS**
CHAIRPERSON

Women and Children in Prostitution and their Health
Ms. Jean D'Cunha, AIT

Women Rag Pickers and their Health
Ms. Chetana Pathare & Dr. Lakshmi Lingam, TISS

Chairperson's Remarks & Discussion

February 25th

POLICY & ACTION STRATEGIES

MS. JAMUNA RAMAKRISHNAN
PROGRAMME OFFICER, HIVOS.
CHAIRPERSON

Construction Workers and Experience of Nirman
Ms. Vaijayanta Anand, Nirmala Niketan

Occupational Health of Women Workers in Unorganised Sector
Ms. Sunayana Walia, SEWA

Suja Abraham: Case of Migrant Woman Worker from the Fish Prawn Industry
Dr. Geeta Mahajan

Integrating Research on Occupational and Environmental Health into NGOs work, Experience of PRIA
Ms. Sumedha Sharma, PRIA

Strategic Interventions in Occupational Health, Experience of CHETNA
Ms. Smita Bajpai, CHETNA

Chairperson's Remarks and Discussion

CONCLUDING SESSION

SALIENT POINTS EMERGING FROM THE WORKSHOP
Dr. Lakshmi Lingam
Ms. Aanchal Kapur

Vote of Thanks : *Dr. Lakshmi Lingam*
Ms. Aanchal Kapur

For copies contact:
Dr.Lakshmi Lingam
Reader, Women's Studies Unit
Coordinator, Centre for Health Studies
Tata Institute of Social Sciences
Deonar, Mumbai - 400 088
INDIA

Ph : 022 - 556 3290 - 96
556 7717(Direct)
Fax : 022 - 556 2912
E-mail: lakshmil@tiss.edu
laxmil@hotmail.com

Printed by ESVEE GRAPHICS ☎ 528